

Standard Operating Procedure (SOP): Communication of Patient Safety or Infection Control Issues

This SOP outlines the procedures for the **communication of patient safety and infection control issues**, including timely reporting, clear documentation, and effective information sharing among healthcare staff. It ensures that all patient safety concerns and infection risks are promptly identified, communicated, and addressed to maintain a safe healthcare environment and prevent the spread of infections.

1. Purpose

To establish a clear and systematic process for communicating patient safety and infection control issues within the healthcare facility.

2. Scope

This SOP applies to all healthcare staff, including clinical, support, and administrative personnel.

3. Responsibilities

- **All Staff:** Promptly report any patient safety or infection control issues.
- **Supervisors/Managers:** Review and act upon reported issues; ensure appropriate further communication and documentation.
- **Infection Control Team:** Investigate, provide guidance, and follow up on infection control concerns.

4. Procedures

1. **Identification:** Any staff member who identifies a patient safety or infection control issue must:
 - Ensure immediate patient safety (e.g., isolate patient if needed, use PPE).
 - Gather relevant details (who, what, where, when, how).
2. **Reporting:**
 - Report the issue verbally to the immediate supervisor or designated officer without delay.
 - Complete the relevant incident report or notification form within 24 hours.
3. **Documentation:**
 - Record all relevant information in the patient's medical record and in the incident reporting system.
 - Ensure accuracy, objectivity, and clarity in documentation.
4. **Communication and Escalation:**
 - Supervisors/managers must communicate the issue to the Infection Control Team and/or Patient Safety Committee as appropriate.
 - If the issue poses an immediate risk, escalate to senior management immediately.
5. **Follow-up:**
 - The Infection Control Team investigates and implements corrective actions.
 - Staff are updated on outcomes and any process changes via meetings, memos, or email.
6. **Confidentiality:**
 - All information must be handled according to relevant privacy and confidentiality policies.

5. Documentation

Document/Form	Responsible Person	Retention Period
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Incident Report Form	Reporting Staff/Manager	As per facility policy
Patient Medical Record Entry	Clinical Staff	As per facility policy
Email/Memo Communications	Managers/IC Team	As per facility policy

6. Training

All staff must receive training on this SOP as part of their orientation and annual refresher sessions.

7. Review

This SOP must be reviewed annually or if changes in regulations/policies occur.

8. References

- Patient Safety Standards (relevant regulations/guidelines)
- Facility Infection Control Policy